

Branch: KI or TIV Month: _____ Participant No. _____

C.A.P Computer Skills Training Program

Name: _____ Date: _____ Session #: _____

Affiliation (Circle one of the following):

☐ Indiv. Resident ☐ Bus. ☐ Farm'g Enterprise ☐ Local Gov't ☐ Schools & Lib. ☐ Vol. & not-for-profit ☐ Other

Goals in Using Computer: (if blank, refer to session #1)

1.

2.

3.

Handouts Given: ☐ Parts of Computer ☐ Keyboard & Mouse Functions ☐ Other _____

Today's Training Included:

(* make special note if included assistive technology, home page creation)

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Follow-up & notes:

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